

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030217

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 50 Primary Registration District No. 5176 Registrar's No. 53

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

FILED SEP 11 1962

a. COUNTY

Camden

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Auglaize TwspLength of stay in 1b
17 yearsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 2 MI NW on Hwy AInside Limits
Yes ☐ No ☒2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Camden

c. CITY OR TOWN Richland

Inside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
Route #3Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)First
HomerMiddle
RoscoeLast
Decker

4. DATE OF DEATH

Month
SeptDay
1Year
19625. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
Feb 8 18989. AGE (last birthday)
64IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Sawmill Operator10b. KIND OF BUSINESS OR INDUSTRY
Commercial11. BIRTHPLACE (City and state or country)
Hannah Missouri12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Henry C. Decker

13b. MOTHER'S MAIDEN NAME

Belle Allen

14. NAME OF HUSBAND OR WIFE

Ruby Ellen Decker

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Ruby E. Decker Richland, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute heart failure
& embolism

INTERVAL BETWEEN ONSET AND DEATH

1 hr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Coronary occlusion

1 hr

DUE TO (c)

2 mo

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

10.15 A.M.

and last saw him alive on 1 Sept 62

Death occurred at

11:55A

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

L. M. Ward

(Degree or title)

MD

22b. ADDRESS

Richland, Missouri

22c. DATE SIGNED

9/1/62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE

9-3-1962

23c. NAME OF CEMETERY OR CREMATORY

Oaklawn Cemetery

23d. LOCATION (City, town, or county)

Richland Pulaski Missouri

24. FUNERAL DIRECTOR

Moss-Williams Richland, Mo

ADDRESS

25. DATE RECD. BY LOCAL REG.

Sept-5-1962

26. REGISTRAR'S SIGNATURE

Zelpha L. Draw

SEP 12 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clarence Moss

Licensed Embalmer No. 4896

P. O. Address Wynnsville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.